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ABSTRACT

This report documents the status of handicapped children in Head Start programs during Fiscal Year 1975, including the number of children served, their handicapping conditions, and the services provided. It is reported that children professionally diagnosed as handicapped accounted for at least 10.4 percent of children enrolled in full-year Head Start programs. Nearly 57 percent of these children required a "fair amount" or "practically constant" special assistance. One of the most important services Head Start programs have offered handicapped children is the chance to be in a developmental environment with non-handicapped children. Counseling for families of handicapped children, modifying physical facilities, and providing special equipment are among the services Head Start provides for its handicapped children. Diagnostic criteria for identifying handicapped children for inclusion in the Head Start program are provided. All Head Start programs enrolling handicapped children require staff members to have additional training. Fourteen experimental programs for handicapped children are attempting to develop new methods of serving handicapped Head Start children. Results of a state-by-state survey of Head Start services provided to handicapped children are presented in tabular form. (BRT)

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HEAD START SERVICES TO HANDICAPPED CHILDREN

ED118239

THIRD ANNUAL REPORT
OF THE
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
TO THE
CONGRESS OF THE UNITED STATES ON
SERVICES PROVIDED TO HANDICAPPED CHILDREN
IN PROJECT HEAD START

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U.S. Department of Health, Education, and Welfare
Office of Human Development / Office of Child Development
Washington, D.C.

June 1975

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SUMMARY

The Headstart, Economic Opportunity, and Community Partnership Act of 1974 requires that for fiscal year 1975 not less than ten percent of the total number of enrollment opportunities in Head Start programs in the nation be available for handicapped children.

The program thrust in response to this mandate was to enroll children with *severe and substantial handicaps* into Head Start programs. To date, *children professionally diagnosed as handicapped account for at least 10.4 percent of the children enrolled in full year programs.*

Handicapped children are defined in the legislation as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who by reason thereof require special education and related services." Outside of the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services.

The distribution of handicapped children in Head Start by category of handicap is as follows: 39.51 percent speech impaired, 25.3 percent health or developmentally impaired, 9.4 percent physically handicapped, 7.21 percent seriously emotionally disturbed, 5.94 percent visually impaired, 5.82 percent hearing impaired, 5.59 percent mentally retarded, 0.66 percent deaf and 0.57 percent blind.

A higher proportion of multiply handicapped children are enrolled in full year Head Start programs this year (Nov.—Dec. 1974) compared to last year (Nov.—Dec. 1973). This year one out of every four handicapped children has multiple handicaps as compared to one out of every five handicapped children last year. In addition 57 percent of the handicapped children are reported to require "a fair amount" or "practically constant" special assistance. Thus, the *enrollment of severely handicapped children in Head Start has increased from last year.*

Over three-fourths (78.43 percent) of full year programs launched special efforts to locate and enroll handicapped children. Close to three-fourths of full year programs received outside assistance from agencies in recruiting handicapped children. About nine out of every ten full year Head Start programs are serving at least one handicapped child.

Where there are adequate diagnostic resources available to Head Start programs, more handicapped children are enrolled.

All handicapped children who were enrolled in Head Start programs received the child development services all Head Start children receive which include education, parent involvement, social services and health services (including medical, dental, nutrition and mental health). In addition, Head Start programs attempted to provide or see to it that special services were provided.

One of the most [illegible]rtant services which Head Start renders on behalf of the preschool handicapped [illegible] the opportunity to be in a *mainstream developmental environment* with non-handicapped [illegible]ren. In addition, certain special services assist the family of a handicapped child to [illegible]nize the benefits that can be derived from Head Start, and provide or arrange for a [illegible] special needs through modifications of physical facilities or provision of special equipment and materials.

Four out of ten full year programs had acquired special equipment or materials for handicapped children.

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Eight out of ten full year programs provided training to current staff to improve their ability to work with handicapped children. Fifty-eight percent of the programs still indicated a priority need for additional training. Programs reported a total of 25,579 staff in full year programs had received training related to serving handicapped children. Each Office of Child Development Regional Office has developed a network of training and technical assistance resources to focus on the special needs of handicapped children.

A total of 12,457 parents in full year Head Start programs were receiving special services related to their child's handicap. These services included counseling and providing information about the handicap, specific instructions for home practice and training activities.

Approximately 30 percent of the handicapped children in Head Start received special services from other agencies.

Lack of resources has been cited by local Head Start grantees, delegate agencies and other State and local agencies as a major factor in the inability to provide the full range of special services for all handicapped children requiring such services. The Administration's FY 1976 budget request includes $20 million for services to handicapped children in Head Start.

The six to eight week Summer Head Start program provides an opportunity for initial assessment of the child's skills at the time of entry into the program and development and implementation of a program plan that can be continued as the child enters the school system in the Fall. Summer Head Start programs appear to have been fairly successful in recruiting handicapped children from other agencies. Handicapped children comprised *9.4 percent of children enrolled in Summer programs* in FY 1975. Over 50 percent of the programs reported referrals from one or more agencies.

Head Start staff, school teachers, parents and administrators, along with resource persons from State and local agencies must begin to develop a community level delivery system that will insure *developmental continuity* in a mainstream environment for handicapped children. These children should receive services and assistance within the regular classroom program to the extent possible.

The fourteen experimental programs for handicapped children have been funded to develop alternatives in delivering preschool developmental services to handicapped children in a mainstream setting. Materials are being developed by these programs focusing on enhancing staff and parent capability to provide ways to meet the special needs of the handicapped child.

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CHAPTER I

PROJECT HEAD START AND PRESCHOOL HANDICAPPED CHILDREN BACKGROUND INFORMATION

A. Purpose of this Report

This is the Third Annual Report to the Congress on Head Start Services to Handicapped Children. The purpose of this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided.

This report records the implementation of the legislative mandate (The Headstart, Economic Opportunity, and Community Partnership Act of 1974) "to assure that for fiscal year 1975 not less than ten percentum of the total number of the enrollment opportunities in Headstart programs in the Nation shall be available for handicapped children and that for fiscal year 1976 and thereafter no less than 10 percentum of the total number of enrollment opportunities in Headstart programs in each State shall be available for handicapped children (as defined in paragraph (1) of section 602 of the Education of the Handicapped Act) and that services shall be provided to meet their special needs." Therefore, in Head Start handicapped children are defined as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled and other health impaired children who by reason thereof require special education and related services."

B. A Review of OCD Policies on Head Start Services to Handicapped Children

The Office of Child Development requires Head Start programs at the community level to identify, recruit and serve preschool handicapped children. Key features of those policies are:

1. Head Start grantees and delegate agencies must insure that handicapped children receive the *full range of services* available to all Head Start children: education, social services, parent involvement and health (medical, dental, nutrition and mental health). In addition, Head Start programs must see that *special services* are provided to meet the identified special needs of the handicapped child.

2. Each program must provide the handicapped child with a *mainstream experience* of learning and playing with non-handicapped children. This serves an important role in fostering a positive self-image and overall development and assists the child in enhancing his/her potential.

3. Head Start programs are expected to organize active *outreach* into their communities and enroll eligible handicapped children whose parents desire the child's participation. *No child may be denied admission solely on the basis of the nature or extent of a handicapping condition.*

4. *Screening, diagnostic* and *needs assessment* procedures utilized must address all handicaps as defined in the legislation and provide an adequate basis for *special education and related services.* Initial identification must be confirmed by *professional diagnosis* by persons trained in assessing children with specific handicaps. Programs are encouraged to use multi-disciplinary diagnostic teams.

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5. Head Start programs are to make every effort to *work with other agencies* serving handicapped children in order to mobilize the resources these agencies can provide to the handicapped children in Head Start. These agencies can help in the identification and referral of handicapped children to Head Start programs at the community level, recruitment of volunteers, provision of special program services and provision of training and technical assistance.

6. Head Start grantees are encouraged to consider *appropriate program models* that meet the individual needs of handicapped children. The Head Start program options, which include a home-based component, an option which provides for variations of time spent in center attendance, a five-day center-based model, and a locally-designed option, allow grantees flexibility to individualize services.

7. The responsibility for assuring that at least *ten percent of national enrollment opportunities* in Head Start be made available to handicapped children was placed at the regional level during FY 1975. Each OCD Regional Office works with local grantees to meet targeted enrollment levels of handicapped children. The Headstart, Economic Opportunity, and Community Partnership Act of 1974 requires that *for fiscal year 1976 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children.*

C. Legislative Intent

The requirement of providing enrollment opportunities in Head Start for handicapped children reflected a concern on the part of the Congress that full access to the benefits of the Head Start program be accorded handicapped children.

Clearly, the intent is to insure developmental services to handicapped children at the preschool age in an integrated or *mainstream setting with non-handicapped children.* In addition, children with severe handicaps are to be included among those substantially handicapped children who are provided services. Head Start is also expected to continue to serve children with correctable conditions who do not need special services.

Recognizing the need for provision of necessary special services for handicapped children, the Congress directed Head Start programs to work with other agencies serving handicapped children to develop linkages of services to preschool handicapped children. Each agency provides its unique services in order that each handicapped child receives the full complement of services directed toward his/her developmental and special needs. In this regard, OCD is fostering collaboration with other local, State and Federal agencies and private organizations to insure maximum provision of services for preschool handicapped children with available resources.

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CHAPTER II

STATUS OF HANDICAPPED CHILDREN IN HEAD START

The Headstart, Economic Opportunity, and Community Partnership Act of 1974 requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

Generally, data contained in this report were obtained through a survey conducted by the Office of Child Development, Division of Research and Evaluation, during the summer and fall of 1974. In addition, information was provided by the OCD's central and regional personnel involved in training and technical assistance activities and monitoring of local programs.

The basic information contained in this report of *full year Head Start programs* has been collected through *three special surveys*. A mail-out census of all Head Start grantees and delegate agencies was conducted to ascertain as of November-December 1974, the status of all handicapped children in Head Start in full year programs. Full year Head Start programs in this report refers to "all Head Start grantees and delegate agencies" contacted in the mail-out survey. (See Appendix A)

The final response rate was 73 percent for all full year Head Start grantees and delegate agencies. Total number of responding grantees and delegate agencies represents 899 grantees or at least one questionnaire received from 84 percent of 1066 grantees receiving the original questionnaire.

The *mail-out survey* of Head Start Handicapped Efforts contained 158 questionnaire items organized around five major sections: general information (overall enrollment, number of centers and classes); staffing, staff training; physical facilities, equipment, and materials; enrollment of handicapped children professionally diagnosed at the time of the survey and the services provided. The information on diagnosis and types of services provided was addressed by category of handicap.

Special telephone interviews were conducted in February 1975 with a selected sample of 10 percent of the non-respondent full year programs to obtain a profile of the non-respondents in comparison to the respondents. The data from the telephone interviews substantiate the findings from the survey as representative of all Head Start programs. The findings of the survey data are also consistent with information available from site visits of OCD staff to Head Start programs serving handicapped children.

A telephone validation survey was conducted with a 10 percent sample of those full year respondents for whom questionnaires were considered error-free. Seventy-eight programs were included in this survey. These data support the overall survey results suggesting Head Start programs were presenting an accurate picture of the status of the handicapped Head Start children at the time the original survey was conducted.

A. The Number of Handicapped Children

Salient findings with respect to the number of handicapped children enrolled in Project Head Start in FY 1975 include the following:

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— **Children definitely diagnosed as handicapped account for at least 10.4 percent of all enrollment in full year programs**

Figures from the programs responding to the full year survey in November-December 1974 indicate that 22,244 children were definitely diagnosed as handicapped by qualified professionals; an additional 13,732 or 5.67 percent of those enrolled were believed to be handicapped but diagnoses had not been completed at the time of the survey. At the time of the telephone validation survey conducted in February 1975 on a sample of programs completing the original questionnaire, an additional 1.21 percent to 1.88 percent of those enrolled had subsequently been diagnosed and confirmed as handicapped. Projecting these data to national totals (taking the most conservative figure of 1.21 percent), an additional 2,922 children or 21 percent of those believed to be handicapped at the time of the original survey were subsequently diagnosed and confirmed as handicapped. Therefore, in February, at least 25,166 or 10.39 percent of all 242,212 children enrolled in reporting full year programs were definitely diagnosed as handicapped. (See Appendix A)

Data for the remainder of the report, except where otherwise noted, are based on the more detailed information available for those children definitely diagnosed as handicapped at the time of the November-December 1974 survey.

— **About nine out of every ten full year Head Start programs are serving at least one handicapped child. This is similar to last year's data.**

Over a third of full year programs reported they were not able to enroll all handicapped children who were located by or referred to the Head Start program. Reasons most frequently cited for not being able to enroll these children included: the family did not meet Head Start income guidelines, other agencies served these children, there were no available openings, there was a lack of transportation, and there was a lack of resources.

— **Children definitely diagnosed as handicapped account for at least 9.44 percent of the children in Summer programs; and 3.23 percent of all children were believed to be handicapped but diagnoses were not complete at the time of the survey.**

— **About three-fourths of summer programs are serving at least one handicapped child.**

In summary, the data indicate that local Head Start programs have responded positively to the requirements of the mandate to enroll handicapped children.

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who require special education and related services."

The primary types of handicaps for those children definitely diagnosed in full year programs as a proportion of the handicapped population in Head Start are presented in Tables A1 & A2 (pgs. 5, 6, & 7).

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Table A1

ESTIMATES OF THE PREVALENCE OF HANDICAPPING CONDITIONS IN HEAD START CHILDREN (In percent of total Head Start handicapped population; Nov.—Dec. 1974)	
Mentally Retarded	5.59%
Hearing Impaired	5.82%
Deaf	0.66%
Speech Impaired	39.51%
Visually Impaired	5.94%
Blind	0.57%
Seriously Emotionally Disturbed	7.21%
Physically Handicapped (including crippled)	9.40%
Health or Developmentally Impaired	25.30%
Total	100.00%

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Table A2

ESTIMATES OF THE PREVALENCE OF HANDICAPPING CONDITIONS IN CHILDREN AND YOUTH

(In percent of total handicapped youth population)

Handicap	Estimate				
	(a)	(b)	(c)	(d)	(e)
Mentally Retarded	21.98	22.92	17.72	7.4	5.59
Auditorially impaired	5.50	5.73	1.15	8.9(g)	6.48(g)
Speech impaired	33.40	34.88	41.43	35.0	39.51
Visually impaired	0.86	1.00	0.57	7.1(h)	6.51(h)
Emotionally disturbed	19.11	19.93	23.01	12.2	7.21
Crippled	9.56	4.98	2.41	------	-------
Physically impaired	-------	-------	-------	9.5	9.40
Learning disabled	-------	9.96	12.88	------	-------
Other health or developmentally impaired	9.56	------(f)	------(f)	20.0	25.30
Multinandicapped	-------	0.60	0.81	------(i)	------(i)
Total	100.00*	100.00*	100.00*	100.00*	100.00*

(a) R.P. Mackie, H. Williams, and P.P. Hunter, Statistics of Special Education for Exceptional Children and Youth, 1957-1958, USOE Bulletin No. OE-35-48-58, 1963, as reported in R.A. Rossmiller, J.A. Hale, and L.E. Frohreich, Educational Programs for Exceptional Children: Resource Configuration and Costs, National Educational Finance Project, Special Study No. 2, Department of Educational Administration, University of Wisconsin, Madison, Wisconsin, August 1970. Estimated population age 5-17.

(b) Estimated for age 5-19 youth in 1969. U.S. Department of Health, Education, and Welfare, Handicapped Children in the U.S. and Special Education Personnel Required – 1968-1969 (est.), Bureau of Education for the Handicapped, August 1970.

(c) Rossmiller, op. cit., p. 121. This is the estimate used in the Rossmiller study after a review of other prevalence data. Estimated population age 5-17.

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(d) Second Annual Report to Congress on Status of Handicapped Children in Head Start, March 1974. Based on full year enrollment of handicapped children in Head Start, November-December 1973, age 3-5.

(e) Third Annual Report to the Congress on Status of Handicapped Children in Head Start, May 1975. Based on full year enrollment of handicapped children in Head Start, November-December 1974, age 3-5.

(f) Included with crippled.

(g) Auditorial impairment includes hearing impaired and deaf handicapping conditions.

(h) Visual impairment includes visually impaired and blind handicapping conditions.

(i) Multihandicapped children are included within each of the handicapping conditions under primary handicapping condition. See Table B for distribution of children by primary or most disabling handicap who have one or more other handicapping conditions.

*Totals do not necessarily add to 100.00 percent due to rounding.

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Table B

Distribution of Number of Head Start Children by Primary or Most Disabling Handicap Who Have One or More Other Handicapping Conditions

(Diagnosed in Full Year Programs Nov. – Dec. 1974)

Primary Handicapping Condition	Total Number of Children	Number of Children with One or More Other Handicapping Conditions	Percent of Children with One or More Other Handicapping Conditions
Blindness	127	43	33.85
Visual Impairment	1,321	287	21.72
Deafness	146	65	44.52
Hearing Impairment	1,295	392	30.27
Physical Handicap	2,091	644	30.79
Speech Impairment	8,789	1,713	19.49
Health or Developmental Impairment	5,627	1,127	20.02
Mental Retardation	1,244	627	50.40
Serious Emotional Disturbance	1,604	486	30.29
TOTAL	22,244	5,384	24.20

Footnote: For example, of the 127 children definitely diagnosed as having the primary handicapping condition of blindness, 43 of these children or 33.85 percent also had one or more other handicapping conditions.

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The largest group of handicapped children enrolled in full year Head Start (39.51 percent) and Summer Head Start (37.62 percent) has been diagnosed as *speech impaired.* For the 8,789 speech impaired children enrolled in full year Head Start programs, 10,781 specific conditions have been reported as follows:

Specific Conditions	
Severe articulation difficulties	46.41%
Expressive language difficulties	32.94%
Severe stuttering	5.46%
Voice disorders	3.97%
Cleft palate	2.83%
Other speech impairments	8.39%
Total	100.00%

Of the 8,789 children who were reported as speech impaired as their primary handicap, 1,713 or 19.49 percent had one or more other handicapping conditions.

The second largest category, *health or developmentally impaired,* accounted for 25.30 percent of all handicapped children in full year and 20.91 percent in summer programs. The following is a breakdown of the specific conditions of the 5,627 health or developmentally impaired children in full year programs and reflects 6,573 specific conditions reported:

Specific Conditions	
Epilepsy/Convulsive Disorders	9.14%
Respiratory Disorders	13.83%
Anemia/Blood Disorders	22.81%
Heart/Cardiac Disorders	9.42%
Developmental Problems, including hyperactivity	24.34%
Brain Damage/Neurological Disorders	6.74%
Other Disorders	13.72%
Total	100.00%

Of the 5,627 children who were reported as health or developmentally impaired as their primary handicap, 1,127 or 20.02 percent had one or more additional handicapping conditions.

Pertinent findings with regard to *severity* of the handicapping conditions of Head Start children include the following:

— **About one out of every four handicapped children in full year Head Start programs (see Table B, pg. 8) and one out of every five in summer programs have multiple handicaps.**

The multiply handicapped child of preschool age is generally more severely handicapped than a child the same age with only one handicap. These figures above are reported for those definitely diagnosed and *represent a higher proportion of multiply handicapped Head Start children enrolled in full year programs this year compared to last year.* In FY 1974 one out of every five handicapped children in full year programs had multiple handicaps.

In addition, the extent of staff assistance required in working with a handicapped child can be taken as an indicator of the severity of a child's handicap.

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— **Of those handicapped children for whom levels of special assistance was required, over one-half (57 percent) of the handicapped children in full year programs are reported to require "a fair amount" or "practically constant" special assistance.**

These data suggest a larger proportion of children requiring significant amounts of special assistance are enrolled this year (57 percent) than last year (47 percent).

Thus, the *enrollment of severely handicapped children in Head Start has increased from last year,* and reflects somewhat greater program experience and capability in serving handicapped children. This trend should accelerate if additional resources for handicapped children are made available to local Head Start programs; $20 million has been requested in the FY 1976 budget targeted on the handicapped effort.

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C. Services Provided

Head Start provides an opportunity for preschool handicapped children to learn and develop in a *mainstream developmental environment* with non-handicapped children. This is one of the most important services Head Start renders to preschool handicapped children.

— Physical integration

About 90 percent of all Head Start grantees and delegate agencies full year programs have enrolled at least one handicapped child. Moreover, handicapped children are present in 83 percent of all Head Start centers and in 71 percent of all classes in full year programs. Three-fourths of the Head Start centers in summer programs are serving at least one handicapped child. These figures indicate that the physical integration of handicapped children with non-handicapped children has been widely achieved by local Head Start programs.

Other special services provided or arranged for by Head Start include: (a) initial diagnoses and periodic assessments of the handicapped child, (b) modifications of physical facilities or purchase of special equipment and materials focused on the child's special needs and (c) special assistance to the family of the handicapped child to cope with the child's special needs.

Head Start attempts to provide or arrange for these and other special services above the regular range of services provided in Head Start as outlined in the Head Start Performance Standards: education, parent involvement, social services and health services (encompassing medical, dental, mental health and nutrition). Presently, sufficient resources are not available to enable Head Start programs to provide special education and related services for all the handicapped children enrolled or to provide the full range of special services even for those children who are having some of their identified special needs met. Other agencies have been of great assistance in providing some of these services.

Key findings with respect to special services provided or arranged for by Head Start are as follows:

— Special diagnostic services

About one-fifth of those children definitely diagnosed as handicapped in full year programs were referred to Head Start by other agencies or individuals. Last year, one-third of the children were diagnosed by referral agencies. Even when these children may have been diagnosed prior to enrollment in Head Start, the data suggest diagnostic services continued upon entering Head Start. Over 55 percent of these children were diagnosed by private medical professionals; 27 percent by other qualified professionals; and 17 percent by professionally qualified staff. In some cases programs reported two diagnostic sources. These data suggest an increase in proportion of private medical professionals as a source compared to last year.

— Four out of ten full year programs had acquired special equipment or materials for handicapped children.

About 30 percent of the full year programs were planning to provide other special materials and equipment prior to the end of the current program. These figures also reflect an increase over those of last year.

— About 8 percent of the full year programs enrolling handicapped children required special alteration or modifications of physical facilities to accommodate certain handicaps.

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About one-half of these programs identifying such a special need reported that modifications or alterations to meet these requirements were made or scheduled to be made before the end of the current program.

Special services for a speech impaired child might include speech therapy focusing on articulation, auditory training and communication skills, periodic diagnostic and evaluation procedures, an additional staff person for portions of the day to assist the child with communication, additional materials such as a tape recorder, special records, etc., and parent education for home practice and language modeling.

An example of a speech impaired child served by Head Start is a 5-year-old girl with pronounced speech and language difficulties who received speech therapy through the county public schools and later in the summer at a State university. She also received extensive psychological evaluations at a university and mental health guidance center. Prior to therapy it was quite difficult to understand the child. A home visit provided an opportunity for the parents to comment on the child's improved speech since her enrollment in Head Start.

Special services for a hearing impaired child might include the services of a speech therapist to teach signing, lip reading, etc., training and/or counseling of parents, additional staff to provide special training and supervision of the deaf child, and special materials such as an amplifier, visual aids, etc.

An example of a hearing impaired child served by Head Start is a 5 1/2-year-old boy with hearing loss in both ears. As would be expected, he also had speech problems. Formal diagnostic evaluations were made by a specialist and paid for through Medicaid. Major improvements have been seen in his social behavior and speech.

— **The numbers of all handicapped children and parents who are receiving some special services (although not necessarily meeting all special needs) are tabulated below for full year programs:**

Total number of children who are receiving special health, medical, or nutritional services from Head Start	5,451
Total number of children who are receiving special educational services in the Head Start classroom	9,571
Total number of children who are receiving special services from other agencies	10,837
Total number of parents receiving special services from Head Start related to their child's handicap	12,457

In addition to the above, about 79 percent of the full year programs indicated a person had been designated to coordinate services for handicapped children.

— **Special training efforts**

In eight out of ten full year programs training had been provided to current staff primarily for the purpose of improving the ability of Head Start program staff to serve handicapped children. Three-fourths of the full year programs planned additional training prior to the end of the current program. While these figures reflect an increase in training provided for this year over last year, a large number of programs indicated a priority need for additional training. About 58 percent indicated training needed in addition to that already provided or scheduled. The most frequently reported reason for not providing training was insufficient funds.

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CHAPTER III

PROGRAM IMPLEMENTATION

Active recruitment efforts were initiated in many local communities and handicapped children were referred to Head Start programs by other agencies and diagnosed by Head Start early in the program year. Training activities for Head Start staff and parents were conducted and on-site technical assistance support was provided to programs. Head Start programs attempted to provide or arrange for special services to meet the special needs of the handicapped children enrolled. This chapter discusses the methods used to provide program services for the handicapped child and some of the major issues that face local programs as they provide these services.

A. Outreach and Recruitment

By providing information throughout Head Start communities about the priority effort to enroll handicapped children, local programs have created an awareness that Project Head Start is an emerging resource for services to preschool handicapped children.

In order to stimulate referrals of handicapped children from other agencies, programs have had to develop in many instances linkages with agencies with which they have not worked in the past.

Head Start grantees are to give priority to recruitment of handicapped children during the regular enrollment cycle and to filling vacancies through normal turnover of program participants. Head Start waiting list procedures are expected to reflect this enrollment policy. During November-December 1974 *over three-fourths (78.43 percent) of the full year Head Start programs reported that they had launched special efforts to locate and enroll handicapped children.* These efforts included contacting welfare agencies, health departments, public schools and voluntary agencies that serve handicapped children. Some programs made announcements in newspapers and on radio and television. Over one-fourth of the full year programs reported that the above and other agencies had assisted Head Start in locating and enrolling handicapped children.

In order to facilitate the referral process, Head Start programs and other agencies serving handicapped children had to recognize the roles of each agency in providing services. Thus, in many communities the Head Start program has come to be seen as a primary provider of the mainstream learning experience while other agencies provided the needed special services. With clearly defined roles, other agencies were less reluctant to refer children to Head Start.

Thirty-seven percent (479 programs) of the full year programs reported that they were unable to enroll 1,488 handicapped children that had been located or referred to them. Reasons most frequently given, in addition to lack of resources, for not being able to enroll these children were:

— Other agencies were already serving the children (37 percent)

— Families above income eligibility guidelines (35 percent)

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B. Diagnosis and Assessment of Handicapped Children

1. Definitions

Handicapped children are defined in the legislation (Headstart, Economic Opportunity, and Community Partnership Act of 1974) as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children *who by reason thereof require special education and related services.*" This definition excludes children with correctable conditions who do not need special services, or who will not require additional special education or related services.

In order to assist local Head Start programs with appropriate reporting of handicapped children, diagnostic criteria further clarifying the above listed definitions have been developed by the Office of Child Development in conjunction with numerous agencies and organizations such as the American Academy of Pediatrics, the American Psychological Association, the American Speech and Hearing Association, etc., who work with handicapped children. These criteria will be reviewed annually and revised to reflect current practices. (See Table C)

Professionals working with Head Start programs to confirm that a child is handicapped are to use the legislated definitions and the diagnostic criteria to report a child as handicapped. However, this approach does not preclude the professional using diagnostic criteria or procedures that go beyond those stated herein for the purpose of developing an individual plan of services for the child.

2. Severely Handicapped Children

Severely handicapped children are to be included among the substantially handicapped children enrolled in Head Start. As mentioned earlier in the report, Head Start presently has enrolled children with severe and also multiple handicaps; it is clear that these enrolled children can benefit from the Head Start experience. The majority of children with severe handicaps presently served in Head Start have been referred from other agencies in order to provide the children with access to a mainstream developmental environment.

A severely handicapped child should be enrolled in Head Start when the professional diagnostic resource recommends that placement in Head Start is in the best interest of the child and when resource personnel is available for specialized training of Head Start staff and for on-site technical assistance to the staff.

Not all handicapped children are best served in Head Start programs. Certain severely handicapped children need very intensive special services on a one-to-one basis which could not be appropriately provided in a mainstream environment. It is expected that highly skilled and trained personnel should work with such severely handicapped children until they reach a stage of development where they could benefit from a Head Start program experience and services. At that point, appropriate referrals should be made to Head Start with the provision of back-up specialized services to be provided by the referral agency.

3. The Diagnostic Team

Parents and teachers constantly observe children as they develop. These observations often provide signals that further assessment is indicated by a professional diagnostician.

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Table C

DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START

Blindness — A child shall be considered legally blind whose central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment — A child shall be considered visually impaired whose central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes. Not to be included in this category are persons whose vision with eye glasses is normal or nearly so.

Deafness — A child shall be considered legally deaf whose hearing loss is greater than 92 decibels in the better ear.

Hearing Impairment — A child shall be considered hearing impaired when hearing loss is greater than 25 decibels in either ear on the standard employed by a qualified audiologist.

Physical Handicap — Physically handicapped refers to those children who exhibit conditions which prohibit or impede normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, cerebral palsy, spina bifida, loss of or deformed limbs.

Speech Impairment — Speech and language disorders shall include, but not be limited to, children with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments.

Other Health or Developmental Impairment — These impairments refer to illnesses of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders.

Mental Retardation — A child shall be considered mentally retarded who, during the early developmental period, exhibits general, sub-average intellectual functioning to a significant degree, *accompanied by impairment in adaptive behavior.*

Serious Emotional Disturbance — A child shall be considered seriously emotionally disturbed who is one or more of the following: dangerously aggressive towards others; self destructive; withdrawn and non-communicative; hyperactive; severely anxious; depressed or phobic; psychotic or autistic. (Diagnosis of seriously emotionally disturbed may be made only by a qualified psychiatrist subsequent to a complete physical examination to exclude organic determinants.)

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Often the assessment of a handicapped child requires the participation of several disciplines. The professionals in medicine, psychology, special education, speech pathology, physical therapy, etc., may each spend time evaluating a child and must coordinate their activities so that the total child is being considered. This *diagnostic team* approach provides the opportunity for not only the establishment of a diagnosis but also for development of recommendations as to how parents, teachers, and others can best work with the child to enhance his/her potential. Some professional diagnostic resources already exist as teams with representation from the many disciplines. Often, however, the Head Start program must take the responsibility for coordination of the professionals involved, working with the parents to be able to continue this coordinated effort after the child leaves Head Start.

Over one-fifth (21.42 percent) of children definitely diagnosed as handicapped in full year programs were referred to Head Start by other agencies or individuals. Children reported as definitely diagnosed as handicapped, were being diagnosed by private medical professionals; other qualified professionals (e.g., speech therapists, psychologists, staff at State and county public health and local clinics, private non-profit agency staff); and by professionally qualified Head Start staff (e.g., nurses, speech therapists, psychologists).

A goal in Head Start is to make available diagnostic team resources to local programs, thereby increasing the program's ability to provide these services on an ongoing basis for handicapped children.

There appears to be a trend that *where adequate diagnostic resources increase in availability, more handicapped children are enrolled in Head Start programs.* It is therefore necessary for local programs to identify this resource capability. This might be a diagnostic and evaluation center, a University Affiliated Facility or the Medicaid Early and Periodic Screening Diagnosis and Treatment Program (EPSDT) which will pay for these services for Medicaid-eligible children.

4. **Mislabeling**

The process of mislabeling a child is equivalent to misdiagnosis. This could lead to outcomes detrimental to the child. First and foremost, a diagnosis is related to provision of appropriate services. Thus a misdiagnosis (mislabel) will provide for *inappropriate* services. A child can be mislabeled by placing him/her in an incorrect diagnostic category because of failure to recognize ethnic and cultural factors, or normal developmental stages or through the utilization of inappropriate assessment techniques and procedures.

It is important that safeguards and mechanisms are established to insure that mislabeling does not take place. The Office of Child Development is continuing to provide local programs with assistance in this area. This year's survey reflects significantly greater care by Head Start programs in seeking professional diagnoses.

Guidance was sent to Head Start programs regarding the use of professionals in determining who is handicapped and who is *not* to be considered handicapped. In addition, in at least one State a "roving" diagnostic team was developed to assess every Head Start child in the State with a special problem in order to determine (a) if he/she was handicapped (b) what services were needed; several other States are in the process of planning such teams.

Discussions and plans are under way with a number of organizations (e.g.; American Academy of Pediatrics, American Speech and Hearing Association) to strengthen efforts for insuring that each reported handicapped child has been appropriately diagnosed.

C. Training and Technical Assistance

All Head Start staff serving handicapped children have requested training and technical assistance (T/TA) support in order to provide appropriate services for the children. Last year's T/TA effort focused primarily on staff attitudes toward handicapped children developing and reinforcing positive approaches toward mainstreaming the handicapped child. During FY 1975 an emphasis has been placed on learning about specific handicaps and individualizing curricula and techniques to provide appropriate developmental experiences for the child with a handicap.

Eight out of ten programs have provided training to current full year program staff primarily for the purpose of improving the ability of current Head Start program staff to serve handicapped children. Three-fourths of the programs indicated additional training was planned for staff prior to the end of the current program; and *58 percent indicated training needed in addition to that already provided or scheduled.*

The training activities are designed to familiarize Head Start staff with developmentally-based approaches to working with handicapped children in general and with children with specific handicaps in particular.

Training topics covered a number of different areas including child development (general); recognition of handicapping conditions; techniques of screening, diagnosis, and assessment; integration, mainstreaming of handicapped children in the classroom and attitudes and sensitivity of persons working with handicapped children.

All Head Start staff will not become experts in the field of special education through these training efforts. The training activities this year are concentrating on utilization of some special techniques in the classroom, but no three-day or even six-week course will make a Head Start teacher an expert in working with handicapped children. Technical assistance in the form of resource personnel who can work directly with the handicapped child and Head Start staff and parents either in the classroom or in the home must be available to provide this type of expertise. In addition, there is an *on-going need for training* of Head Start staff to be able to work effectively on a developmental basis with children with different types of handicaps.

Programs reported a total of 25,579 staff in full year programs had received training related to serving handicapped children at the time the surveys were conducted. Additional training was planned for 23,657 staff in full year programs prior to the end of the program.

About 23 percent of the programs also indicated that they received technical assistance for planning modifications in physical facilities or acquiring special equipment or materials to better serve handicapped children.

Each OCD Regional Office has developed a network of training and technical assistance resources focusing on the special needs of handicapped children and their families. These networks provide various models for impact on individual program staff. In addition, a major new collaborative agreement was developed with the Bureau of Education for the Handicapped (BEH) Training Division in the U.S. Office of Education to provide for training of Head Start staff in selected BEH training projects nationwide.

D. Parents

Head Start assists parents in providing for developmental experiences for their children in the home environment. The parent of a handicapped child usually needs special support to work through feelings associated with the child and the child's handicap. In addition, the parent of a handicapped child needs skills to better participate in activities with the child that will foster development and learning. Programs reported a total of *12,457 parents in full year Head Start programs were receiving special services related to their child's handicap.* These special

services included counseling, providing information regarding the handicap, specific instructions for home practice, and training activities.

About one-half (50.5 percent) of the programs in full year reported that the topic of working with parents had been covered in training provided to staff.

The home-based option of delivery of developmental services to young children is well suited to meet the special needs of certain handicapped children and their families. The home-based option provides home visitors who are trained to help parents better understand their children and learn new ways of relating to them through incorporating into the home visit activities to build parents' knowledge about child development and parenting skills. Not all children, however, can benefit from a home-based experience. Moreover, special effort must be made in home-based programs to provide socializing group experiences where the handicapped child can learn and play with non-handicapped children.

E. Working with Other Agencies

In order to provide appropriate services to handicapped children in Head Start, it has been necessary for local programs to develop linkages with other agencies serving handicapped children. Thus the preschool child with a handicap could receive comprehensive developmental services to meet his individual needs. Also, through these linkages the local community has the opportunity to identify the roles and responsibilities each agency should assume in order to see that preschool handicapped children are identified and served.

Close to *three-fourths (71 percent) of the full year programs were assisted by outside agencies in recruiting handicapped children.* These agencies provided training activities and technical assistance support to approximately 30 percent of Head Start programs. Other agencies also provided close to 2,000 staff personnel to work with Head Start to provide special services to handicapped children.

The Office of Child Development has continued this year to participate in workshops and conferences sponsored by various agencies and organizations to discuss Head Start activities on behalf of preschool handicapped children. The Head Start effort has stimulated many organizations to focus particular attention on the needs of preschool handicapped children from low-income families.

In a number of States where school systems have been mandated to serve preschool handicapped children, Head Start and the public schools are developing cooperative efforts for providing a mainstream approach to serve handicapped preschoolers.

F. Continuity of Services After Head Start

Priority should now be given to finding ways to insure continuity in the handicapped child's education and development after Head Start. A fundamental concern of the Office of Child Development is that handicapped children leaving Head Start continue their mainstream experience when they enter the public schools as well as having access to needed special services. It is clear that school systems must exert special efforts on behalf of these children. As Head Start children move beyond the usual scope of Head Start programs, the elementary schools will be receiving handicapped children who have experienced comprehensive individualized care in integrated settings. Thus a new population of handicapped children is entering elementary school programs. Plans must be made to enable these children to experience *developmental continuity* that will span the early childhood years and bridge the transition from preschool to school.

Such plans for developmental continuity for handicapped children should build upon

the Head Start comprehensive, individualized approach to the total child. The strategies and approaches developed for this effort must include:

1. various ways or options of continuing to integrate preschool and school age handicapped children with non-handicapped children

2. effective linkages with the community service network to provide continuity in support services and specialized help for individual handicapped children

3. continued parent participation through the early primary years

Head Start staff, school teachers, parents and administrators, along with resource persons from State and local service agencies must begin to plan together to develop a pluralistic, community level delivery system that will insure developmental continuity in a mainstreamed setting for handicapped children.

The nature and scope of programs for the education of the handicapped child should first reflect an awareness of developmental patterns of children. It requires recognition that children grow at different rates.

Handicapped children should receive services and assistance within the regular classroom program, insofar as these least restrictive educational environments are conducive to their learning, social, physical and emotional development. These children should not be isolated in special classrooms, except for short periods of individual instruction or therapy if necessary. This will not preclude the child from receiving appropriate services outside the classroom when this is necessary to meet his/her needs. In addition, the handicapped child many need to be phased into any new program or setting at a gradual pace.

G. Costs

As indicated earlier in this report, lack of resources has frequently been cited by local Head Start grantees, delegate agencies, and other State and local agencies as a major contributing factor to the inability to provide the full range of needed special services for all of the handicapped children diagnosed as requiring such services. Head Start programs have been confronted with severe pressures on available resources to maintain the basic comprehensive services for all children, including the handicapped.

In order to respond to this situation, an increase of $20 million is requested in the Head Start budget for FY 1976 in order to more fully provide legislatively mandated special services and insure that 10 percent of Head Start enrollment by State consists of handicapped children. These resources will be used to: improve diagnostic services for children; recruit additional qualified staff (professionals and paraprofessionals with expertise in provision of special services); train staff in techniques of working with children with specific handicapped conditions; purchase services from other agencies when such services are not available without charge; purchase special equipment and materials; and to modify physical facilities to meet the specific requirements of the children served.

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CHAPTER IV

EXPERIMENTAL PROJECTS

Background

Fourteen experimental programs for handicapped children have been funded by the Office of Child Development. These programs are designed to develop alternatives in delivering preschool developmental services to handicapped children in a mainstream setting. One priority of this effort is to extend Head Start services to handicapped children in accordance with the Headstart, Economic Opportunity, and Community Partnership Act of 1974.

These experimental programs reflect service linkages between local Head Start programs and other community resources serving handicapped children. As with other Head Start programs, whenever possible the family of the child is also incorporated into the Head Start activities.

The goals of these programs include (1) development of approaches to training Head Start staff, (2) development of assessment and diagnostic procedures to identify the special needs of handicapped children, (3) demonstration of enhancing parent participation, (4) demonstration of linkages with school systems for continuity of services.

The Fourteen Programs at the Present Time

During the time of their operation, the 14 programs, created to explore alternative approaches, have become extremely diverse. Some programs are addressing one or more goals (for example, staff training) with greater intensity than the others. In carrying out its responsibilities, each program makes use of a wide variety of available resources in community, State, and Federal agencies. Although each program serves some children who live in town and some who live in more outlying areas, six programs deal to a great extent with rural populations, three programs deal with more urban populations, and the remaining five programs have populations that are quite mixed between urban and rural. In addition, two of the programs are serving bilingual populations.

Among the six Office of Child Development/Bureau of Education for the Handicapped (OCD/BEH) collaborative programs, a substantial proportion of effort goes into investigations of training methods and provision of training for large numbers of Head Start staff, lay persons, and parents, to work successfully with handicapped children in the Head Start setting. At least three of these collaborative programs maintain demonstration preschool programs associated with their activities.

Among the eight newer and smaller programs that involve pre-existing Head Start programs, with a history of serving the handicapped, most of them provide direct services to children and parents. In addition, most of these smaller programs work intensively with such problems as: finding and arranging for the services of a professional diagnostic team; recruiting and placing handicapped children in programs; providing needed services at home to children who are not able to attend regular Head Start center programs or are only able to attend on a part-time basis; mobilizing community, State, and Federal resources for handicapped children; follow up and follow through for the handicapped child during later school years; staff training; and arranging parent workshops and other parent activities.

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As a part of the demonstration project effort, materials are being especially developed so that paraprofessionals who work with young children will be able to develop skills to work with handicapped children. The major design of these materials focuses on mainstreaming the preschool child with a handicap into the regular preschool program. Thus, useful activities and procedures which have worked in the demonstration programs are being translated into guidance for other Head Start programs in an easy-to-understand format that will help extend or add to the developmental and special services provided handicapped children.

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SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*

HEAD START PROGRAMS

STATE (Or Geographical Entity)	(a) Number of Grantees and Delegate Agencies Responding	(b) Total Number of Children Reported Enrolled	(c) Number of Handicapped Children Reported Enrolled	(d) Percent of Enrollment Reported Handicapped Nov. – Dec. 1974	(e) Number Believed to be handicapped but diagnosis has not been completed	(f) Percent Believed to be handicapped but diagnosis has not been completed Nov.– Dec. 1974	(d) & (f) TOTAL Percent Reported Handicapped and Believed to be Handicapped Nov. – Dec. 1974
Alabama	28	6,837	829	12.12	481	7.03	19.16
Alaska*	3 (2)	720 (700)	35 (35)	4.86 (5.00)	24 (24)	3.33 (3.43)	8.19 (8.43)
Arizona*	23 (13)	3,554 (2,532)	229 (181)	6.44 (7.15)	209 (153)	5.88 (6.05)	12.32 13.20)
Arkansas	16	4,325	435	10.05	180	4.16	14.22
California[1]*	107 (105)	17,366 (17,005)	1,100 (1,085)	6.33 (6.38)	509 (489)	2.93 (2.88)	9.27 (9.26)
Colorado*	22 (20)	3,384 (3,198)	702 (689)	20.74 (21.54)	381 (376)	11.25 (11.76)	32.00 (33.30)
Connecticut	14	1,593	155	9.73	83	5.21	14.94
Delaware	2	529	66	12.47	10	1.89	14.36
Florida*	30 (27)	9,331 (8,757)	621 (610)	6.65 (6.97)	248 (239)	2.65 (2.73)	9.30 (9.70)
Georgia	30	4,017	237	5.89	223	5.55	11.44
Hawaii	4	975	103	10.56	63	6.46	17.02
Idaho*	13 (9)	4,441 (1,193)	100 (91)	6.93 (7.63)	54 (49)	3.74 (4.11)	10.67 (11.74)
Illinois*	41 (39)	8,737 (8,608)	439 (425)	5.02 (4.94)	404 (403)	4.62 (4.68)	9.64 (9.62)

* Including Migrant and Indian Programs within 20 states, as applicable; for these 20 states, upper figure includes Migrant and Indian Programs, while lower figure (in parenthesis) is State total excluding Migrant & Indian Programs.

[1] The 107 grantees and delegate agencies responding for California represent 131 grantees and delegate agencies: two grantees submitted questionnaires summarizing data for 24 delegate agencies.

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SURVEY RESULTS OF HANDICAPPED CHILDREN
HEAD START PROGRAMS
IN HEAD START BY STATE*

STATE (Or Geographical Entity)	(a) Number of Grantees and Delegate Agencies Responding	(b) Total Number of Children Reported Enrolled	(c) Number of Handicapped Children Reported Enrolled	(d) Percent of Enrollment Reported Handicapped Nov. – Dec. 1974	(e) Number Believed to be handicapped but diagnosis has not been completed	(f) Percent Believed to be handicapped but diagnosis has not been completed Nov. – Dec. 1974	(d) & (f) TOTAL Percent Reported Handicapped and Believed to be Handicapped Nov. – Dec. 1974
Indiana	23	6,482	841	12.97	280	4.31	17.28
Iowa	23	2,707	455	16.80	206	7.60	24.40
Kansas	16	2,775	261	9.40	133	4.79	14.19
Kentucky	37	6,942	695	10.01	658	9.47	19.48
Louisiana	23	6,035	636	10.53	207	3.42	13.95
Maine	12	1,406	171	12.16	59	4.19	16.35
Maryland	20	2,967	358	12.06	122	4.11	16.17
Massachusetts	17	2,562	190	7.41	99	3.86	11.27
Michigan	52	7,262	745	10.25	704	9.69	19.94
Minnesota*	28 (22)	3,159 (2,768)	409 (390)	12.94 (14.09)	273 (273)	8.64 (9.86)	21.58 (23.95)
Mississippi	21	25,647	2,047	7.98	2,137	8.33	16.31
Missouri	19	8,135	1,039	12.77	607	7.46	20.23
Montana*	13 (7)	1,185 (646)	172 (128)	14.51 (19.81)	42 (21)	3.54 (3.25)	18.05 (23.06)

* Including Migrant and Indian Programs within 20 states, as applicable; for these 20 states, upper figure includes Migrant and Indian Programs, while lower figure (in Parenthesis) is State total excluding Migrant & Indian Programs.

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SURVEY RESULTS OF HANDICAPPED CHILDREN
IN HEAD START BY STATE*

HEAD START PROGRAMS

STATE (Or Geographical Entity)	(a) Number of Grantees and Delegate Agencies Responding	(b) Total Number of Children Reported Enrolled	(c) Number of Handicapped Children Reported Enrolled	(d) Percent of Enrollment Reported Handicapped Nov. – Dec. 1974	(e) Number Believed to be handicapped but diagnosis has not been completed	(f) Percent Believed to be handicapped but diagnosis has not been completed Nov. – Dec. 1974	(d) & (f) TOTAL Percent Reported Handicapped and Believed to be Handicapped Nov. – Dec. 1974
Nebraska*	10 (9)	764 (745)	56 (55)	7.32 (7.38)	15 (14)	1.96 (1.88)	9.28 (9.26)
Nevada*	5 (4)	462 (366)	45 (25)	9.74 (7.44)	43 (34)	9.30 (10.12)	19.04 (17.56)
New Hampshire	6	994	69	6.94	50	5.03	11.97
New Jersey	20	2,536	264	10.41	262	10.33	20.74
New Mexico*	21 (15)	2,939 (2,540)	136 (120)	4.62 (4.72)	86 (84)	2.92 (3.31)	7.54 (8.03)
New York	122	10,337	1,130	10.93	542	5.24	16.17
North Carolina*	37 (36)	8,327 (8,217)	477 (464)	5.72 (5.65)	311 (306)	3.73 (3.72)	9.45 (9.37)
North Dakota*	6 (3)	740 (233)	87 (55)	11.75 (23.61)	92 (52)	12.43 (22.32)	24.18 (45.93)
Ohio	47	9,336	816	8.74	313	3.35	12.00
Oklahoma	34	6,251	605	9.67	375	5.99	15.66
Oregon*	14 (12)	1,847 (985)	177 (117)	9.58 (11.88)	31 (25)	1.67 (2.54)	11.25 (14.42)
Pennsylvania	53	6,292	574	9.12	338	5.37	14.49
Rhode Island	5	288	20	6.94	26	9.02	15.96

* Including Migrant and Indian Programs within 20 states, as applicable; for these 20 states, upper figure includes Migrant and Indian Programs, while lower figure (in parenthesis) is State total excluding Migrant & Indian Programs.

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SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*

HEAD START PROGRAMS

STATE (Or Geographical Entity)	(a) Number of Grantees and Delegate Agencies Responding	(b) Total Number of Children Reported Enrolled	(c) Number of Handicapped Children Reported Enrolled	(d) Percent of Enrollment Reported Handicapped Nov. – Dec. 1974	(e) Number Believed to be handicapped but diagnosis has not been completed	(f) Percent Believed to be handicapped but diagnosis has not been completed Nov. – Dec. 1974	(d) & (f) TOTAL Percent Reported Handicapped and Believed to be Handicapped Nov. – Dec. 1974
South Carolina	16	4,433	351	7.91	205	4.62	12.53
South Dakota*	9 (5)	870 (460)	142 (78)	16.32 (16.96)	87 (69)	10.00 (15.00)	26.32 (31.96)
Tennessee	20	5,915	679	11.47	469	7.92	19.39
Texas*	89 (87)	13,334 (11,857)	953 (910)	7.14 (7.67)	706 (703)	5.29 (5.93)	12.43 (13.60)
Utah*	9 (8)	1,007 (807)	211 (187)	20.95 (23.17)	69 (40)	6.85 (4.90)	27.80 (28.13)
Vermont	4	643	72	11.19	71	11.04	22.23
Virginia	20	2,950	307	10.40	167	5.66	16.06
Washington*	26 (23)	2,678 (2,576)	368 (364)	13.74 (14.13)	149 (147)	5.56 (5.71)	19.30 (19.84)
West Virginia	21	2,678	300	11.20	130	4.85	16.05
Wisconsin	21	2,869	287	10.00	235	8.19	18.19
Wyoming*	6 (5)	592 (517)	116 (116)	19.59 (22.44)	45 (45)	7.60 (8.70)	27.19 (31.14)
Guam	1	327	7	2.14	40	12.23	14.37
Puerto Rico	24	10,424	849	8.14	471	4.51	12.65

* Including Migrant and Indian Programs within 20 states, as applicable; for these 20 states, upper figure includes Migrant and Indian Programs, while lower figure (in parenthesis) is State total excluding Migrant & Indian Programs.

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*

HEAD START PROGRAMS

STATE (Or Geographical Entity)	(a) Number of Grantees and Delegate Agencies Responding	(b) Total Number of Children Reported Enrolled	(c) Number of Handicapped Children Reported Enrolled	(d) Percent of Enrollment Reported Handicapped Nov. – Dec. 1974/Feb. 1975	(e) Number Believed to be handicapped but diagnosis has not been completed	(f) Percent Believed to be handicapped but diagnosis has not been completed Nov. – Dec. 1974	(d) & (f) TOTAL Percent Reported Handicapped and Believed to be Handicapped Nov. – Dec. 1974
District of Columbia	5	1,466	50	3.41	7	.47	3.88
Virgin Islands	1	840	26	3.09	1	.11	3.20
SURVEY NATIONAL TOTALS**	1,289 +	242,212	22,244	9.18/10.4 **	13,732	5.67 **	14.85**

** Survey National Totals are for data reported in November–December 1974. A total of 25,166 or 10.4 percent of all children enrolled were definitely diagnosed as handicapped by the end of February 1975. As indicated in Chapter II, some portion, but not all, of the children reported as believed to be handicapped (Column f) were subsequently diagnosed and confirmed as handicapped based on a sample survey of 78 programs nationwide.

1 The 107 grantees and delegate agencies responding for California represent 131 grantees and delegate agencies: two grantees submitted questionnaires summarizing data for 24 delegate agencies.

+ Total number of responding grantees and delegate agencies represents 899 grantees or at least one questionnaire received from 84 percent of 1066 grantees receiving original questionnaire.

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